

225037

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limos

RECEIVED

JUL 28 2010

PSC SC
CLERK'S OFFICE

BEFORE THE 007/29/10
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 260 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Bowers Signature Services, LLC Telephone: (864) 269-7888

Address: 301 E A Ave Fax: (864) 859-9227

Easley SC 29640 Other: _____

Email: Marilyn@bowerssignatureservices.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

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JUL 27 2010

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JBS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: July 19, 2010

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

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1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Bowers Signature Services, LLC

301 E A Ave, Easley, SC 29640

Street Address of Applicant

Mailing Address of Applicant if different from street address

(864) 8269-7888

Phone

(864) 859-9227

Fax

marilyn@bowerssignatureservices.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Randy Bowers

Marilyn Bowers

301 E A Ave

Easley SC 29640

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2010

Assets:

Cash	\$ 3,000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 53,000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	\$ 53,000
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$ 0
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$25/person + mileage

Counties to be Served:

Greenville, Spartanburg, Oconee, Pickens, Anderson

Maximum Number of Passengers per Vehicle:

14 van 6 car

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Ford	2002 WCV	1FDXE45S62HA40407	7950	15HC
Ford	2002 WCV	1FDXE45S32HA40400	7950	15HC
Ford	2002 WCV	1FDXE45S02HA40385	7950	15HC
Ford	2002 WCV	1FDXE45S22HA40405	7950	15HC
Cadillac	2008 Escalade	1GYFKU3858R120628	5459 lbs.	7
Mercury	2007 Mountaineer	4M2EU37E47UJ13122	4538 lbs.	8
Cadillac	2005 Deville	1G6KD54Y55U246376	3977 lbs.	6

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Bowers Signature Services

Name of Motor Carrier

301 East A. Ave. Easley, SC 29640

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 13,860

Limits 1,000,000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Empire Fire and marine Insurance Company

Name of Insurance Company

13810 FNB Parkway Omaha NE 68154

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/21/10
Date



Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

Bowers Signature Services, LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Pickens Marilyn W Bowers
Applicant's Signature

I, Marilyn W Bowers, CEO
Name of Applicant's Representative Title

of Bowers Signature Services, LLC,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Marilyn W Bowers
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 27th day of July, 2010
[Signature]
Notary Public

Commission Expires 2-16-2016

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

BOWERS SIGNATURE SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 9th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 9th day of July,
2010

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Jul 09 2010

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

100709-0148

Filed: 7/9/2010

BOWERS SIGNATURE SERVICES, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is BOWERS SIGNATURE SERVICES, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

301 E A AVE

Street Address

EASLEY SC

City

296402103

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

MARILYN W BOWERS

Name

Electronically filed on SCBOS.
Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

301 E A AVE

Street Address

EASLEY SC

City

296402103

Zip Code

4. The name and address of each organizer is

a) MARILYN W BOWERS

Name

301 E A AVE

Street

EASLEY

City

SC US

State

296402103

Zip Code

BOWERS SIGNATURE SERVICES, LLC

Name of Corporation

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2010-07-09

Page 1 of 1

**Signature Page Attachment to South Carolina Business One Stop
(SCBOS) for the State of South Carolina Secretary of State**

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

Type of Filing: ARTICLES OF ORGANIZATION (Limited Liability Company)As Of: July 08, 2010 7:25 PM

Name of Limited Liability Company:

Bowers Signature Services, LLC

Signature of Each Organizer:

Marilyn W Bowers

Name

Marilyn W Bowers

Signature

Date

July 8, 2010

Fax or e-mail your completed forms to:

SC Secretary of State
(803) 734-1610
SCBOS@SOS.SC.GOV(Please e-mail signature forms in the following file
formats only: Adobe .PDF, .GIF, or .JPEG
extensions.)